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17 May 2008

Climate change

Are your patients at risk?

See page 18

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Comment from the Editor

The allergy service fits perfectly with Westminster's vision of healthy living centres on the high street

Good things might come to those who wait, but only what's left over from those who hustle. This week's move by the NPA and Allergy UK to roll out a private allergy screening service (p5) shows a commendable zeal at a time when the profession could have been tempted to rest on its laurels.

Last month's white paper was packed with promises to fulfil pharmacists' clinical potential, yet gave few clues on how extra services would be funded. Helping diagnose and treat thousands of Britons suffering from allergies can only help the profession's cause while we wait for the government to put its money where its mouth is.

The allergy service fits perfectly with Westminster's vision of creating 'healthy living centres' on the high street and could cement the public's perception of pharmacists as health experts. Financially the service also appears to be a winner. You will pocket £25 per patient. No need to negotiate with your debt-ridden PCT or fill in endless forms, the money is yours if you can attract an audience. And that perhaps is one of the scheme's shortfalls. Rather than targeting healthcare at those who need it most, pharmacists are reselling their expertise to those who can afford to pay. That's fine for conditions like hayfever that don't discriminate between the have lots and the have nots, but for diabetes or obesity the role of a privately paid service is more difficult to justify.

A growing desire to grab the bull by the horns is also evident in the profession's attitude to environmental issues. C+D's Green Month kicked off (p14) with nearly 90 per cent of pharmacists pondering a switch to greener suppliers and 73 per cent talking to staff about saving energy. The profession appears fired up for the fight against climate change under the NHS carbon reduction strategy outlined in the white paper. This huge issue could make a difference to millions of lives. Make sure you play your part.

Max Gosney, News Editor

Contents

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Category M: drugs cheaper than 'price of a bar of chocolate'

Department of Health must address category M concerns during review

Jennifer Richardson

Minimum and maximum reimbursement should be applied to generics medicines and communication on their price scheme must be improved, an expert has told the government.

Sigma Pharmaceuticals managing director Bharat Shah expressed several "major concerns" about category M in need of "urgent review" by the Department of Health, as part of a mid-term review of the generics reimbursement price scheme requested by manufacturers.

These worries included that a month's supply of life-saving drugs were being reimbursed "below the price of a bar of chocolate", that 20 per cent of category M products were being reimbursed at a higher price than the equivalent brands, and that the reimbursement for some entries was higher than the price of equivalent OTC packs.

"We therefore recommend a floor and a ceiling be made applicable to all category M products," Mr Shah said, in a letter to the DH, suggesting a minimum of 50p "to reflect the professional input".

Bharat Shah: calling for minimum and maximum reimbursement for cat M products

He added: "The communication by the DH on category M appears to be inadequate. If this communication process is improved, then we feel that many of the anxieties and doubts by independent pharmacies will be cleared and the DH will have much more co-operation by the retail pharmacy/distribution sector."

He suggested a quarterly meeting prior to tariff changes to help.

Despite these "weaknesses", category M had generally worked well since its introduction in April 2005, Mr Shah said, allowing new manufacturers to enter the generics market, increasing competition and reducing product shortages.

The mid-term review was requested by the British Generics Manufacturers Association, and the British Association of Pharmaceutical Wholesalers have also contributed.

PSNC finance head Mike Dent has met with the DH to discuss the manufacturers' and wholesalers' feedback but was unable to reveal details as the review was ongoing.

Iron bar attacker could cost Society

The Australian pharmacist who attacked a Royal Pharmaceutical Society official could leave the Society nursing a £17,000 legal bill.

[illegible] High Court has ruled Samuel [illegible] can proceed with his [illegible] struck off even [illegible] reported to Austra[illegible] is heard

A judg[illegible] commands that Mr Ashb[illegible] court as 'secur[illegible] as a condition of [illegible] judicial review [illegible] ears that even if it [illegible] eal it won't be ab[illegible] s when Mr Ashb[illegible] at Road, Hastings [illegible] RPSGB also argu[illegible] will be academic [illegible] struck off the regi[illegible]

second time this February.

The pharmacist, who left his victim with a 10cm gash on his head, will be sent back to Australia when his emergency papers arrive.

Justice William Blair said: "I wholly sympathise with the application the RPS has made... But after consideration, I feel that it would not be right to make the order that is sought... it would have the effect of stifling the appeal."

Gerard McEvilly, RPSGB legal advisor, said he was disappointed by the decision. He told C+D: "There's a real difference between being awarded a costs order and having £17,000 in your bank account. It's going to be extremely complicated if they serve deportation on him." **UKL/MG**

Council election results

The 2008 RPSGB Council election results revealed a clear winner for one of three unreserved pharmacist places.

Morrisons' pharmacist Martin Astbury took over a fifth of the votes cast for these positions, nearly four percentage points ahead of nearest rival Dr Catherine Duggan, associate director for clinical pharmacy, east & south east England specialist services.

But Mr Astbury was elected in the national constituency seat for England, so first runner-up Alison Moore, a locum, was elected alongside Dr Duggan and Dr Nicholas Barber, professor of the practice of pharmacy and head of department of practice and policy at the University of London School of Pharmacy.

While an unofficial C+D election barometer had predicted Ms Moore's place, it had suggested Hampshire & Isle of Wight LPC chief officer Michael Holden and David Thomson, deputy lead for community pharmacy development at NHS Greater Glasgow & Clyde Health Board, who both lost out in the final result, would also make the cut.

The number of ballot papers returned was 7,719, 16.2 per cent of the total distributed, although 43 returns were invalid.

Pharmacists to charge for allergy screening

Private screening service should increase footfall and sales, says NPA

Zoe Smeaton

Community pharmacists can now offer a private allergy screening service to patients, as part of a project from Allergy UK and the NPA. The service will involve pharmacists consulting with patients, taking a full clinical history to screen them for allergies, and referring them on to the charity for follow-up care.

To take part, pharmacists have to pay £200 to become accredited and receive a starter kit to help promote the service. They will need to pass an online assessment and attend a face-to-face training day with Allergy UK.

The service will cost patients around £35, of which £10 goes to the charity, and the rest of the pharmacy.

Fifty four pharmacies will launch the service as part of National Allergy week on May 19.

A further 600 have signed up to the scheme and are awaiting training, the NPA said.

Raj Nutan, the NPA's head of business development, estimated that it would be possible to break even after the training in as little as two months. He said: "You have got the benefits of higher footfall into the pharmacy and linked sales too."

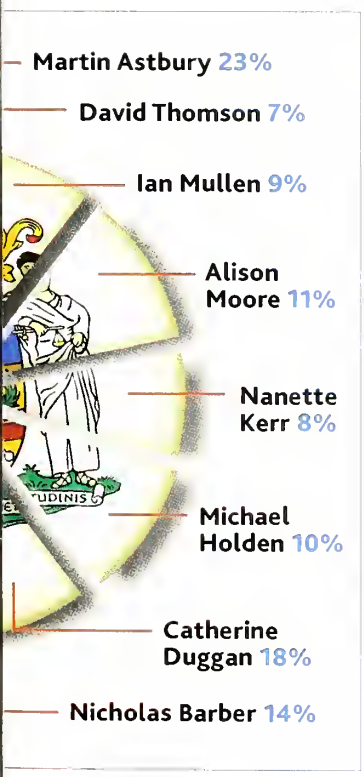
Raj Patel: sees testing as an opportunity for pharmacy

Raj Patel, of Mount Elgon Pharmacy in Wimbledon, who appeared on TV show GMTV this week demonstrating the service, said: "This is an opportunity to introduce something different into the pharmacy."

John D'Arcy, managing director of Numark, said: "It's clear from the white paper that the government wants to use pharmacy's accessibility as a means of getting patients in and testing them for all sorts of things, so screening should be big business for pharmacy."

The ultimate aim is to get the service funded by the NHS, something the NPA said it might work on with PSNC.

What else would you like the NPA to help you with?
mgosney@cmpmedica.com



No room for OTC sales complacency

Pharmacists have been urged "not to become complacent" when supplying products containing pseudoephedrine or ephedrine.

Professor Roger Walker, chair of the Commission on Human Medicines' working group on pseudoephedrine, told C+D: "We feel we have put all the bits of the jigsaw in place. [There are] no reports that are of concern to us at this time, so we're just hoping that the measures do the job."

The comments follow last year's Stop the Switch campaign, which convinced the UK drugs regulator to abandon a bid to make all pseudoephedrine and ephedrine products prescription only in favour of tougher pharmacy sales controls.

The RPSGB said in a recent checklist for members that pharmacists and staff should use their instincts when selling the products, looking out for nervous customers with no obvious symptoms. Any suspicions should be reported to area RPSGB inspectors, after making a note of what the customer looked like and what they were wearing.

The MHRA has given the industry two years to show improved sales controls can stop criminals making class A drug crystal meth from precursors bought at pharmacies. **ZS**

Have you clamped down on OTC sales?
zsmeaton@cmpmedica.com

News in brief

Correction

The active ingredient of Goldshield Pharmaceuticals' proposed Pharmacy medicine Cystobid is nitrofurantoin and not trimethoprim, as was stated in last week's C+D ('Antibiotic sales backed', May 10, p5).

Professor Peter Davey, president of the British Society for Antimicrobial Chemotherapy, has reiterated his concern that making oral antibiotics available as Pharmacy medicines without records could make it difficult to collect data about resistance. But restricting supply via pharmacist prescribing could be a mechanism for addressing this, he told C+D: "Pharmacy prescription would be fine because we'd have a prescription, but this POM to P route is just not the way to do it."

Goldshield's application for a Pharmacy medicine containing nitrofurantoin also includes a risk minimisation plan that sets out a "commitment to undertake resistance surveillance either if there is a 10-fold increase in usage or after five years, whichever occurs sooner". The switch application also cites the drug's mode of action as a reason why "acquired resistance... remains low".

Second campaign award

C+D's Stop the Switch campaign, which united the pharmacy world in a successful bid to prevent the P to POM reclassification of ephedrine- and pseudoephedrine-containing medicines, was highly commended in the leading magazine industry awards, PPA Awards. C+D thanks all readers who supported the campaign.

Guide to pack design

The NPSA has published a guide to labelling and packaging of injectable medicines, to show how graphic design can improve packaging to result in safer medicines use.

Prescription charge call

A think tank has called for the abolition of prescription charges. In a Fabian Society publication, general secretary Sunder Katwala and research director Tim Horton wrote that Labour should "pledge to reduce prescription charges year on year... seeking to abolish them entirely as resources allow".

TALK

Which UK country is the best place to practise pharmacy?

"It would have to be Scotland. They have got the edge over [England] in terms of developing some of the new services. They seem to be able to get innovation moved ahead faster up there."
Linda Bracewell, Baxenden Pharmacy, Accrington

"That would be obvious! Northern Ireland has a long history of independent community pharmacy and even many of us who work for the large chains still maintain that sense of ownership and are putting ourselves at the centre of communities."
Alan Erwin, Alliance Pharmacy, Sandy Row, Belfast

WEB VERDICT:

37%

10%

Answers sought on threat of polyclinics

Public not given enough information to make informed choice, says NPA

Jennifer Richardson

Pharmacy bodies and supporters have stepped up the campaign to raise awareness of polyclinics' potential impact on the profession.

The NPA has asked chairs of all local council Health Overview and Scrutiny Committees (OSCs) in England to ensure adequate public consultations on proposed healthcare centres take place.

The public had not yet received enough information on how polyclinics might affect existing services, said Stephen Fishwick, NPA head of external relations. "The public consultations that have taken place to date have not given a full picture for the public to base their opinion on."

Questioned in parliament on the "likely effects of polyclinics on independent pharmacies", pharmacy minister Dawn Primarolo said: "PCTs will continue to ensure there are adequate arrangements in place for patients to access pharmaceutical services."

The question was tabled by Conservative MP Dr Bob Spink, following a Building Bridges visit to Nader Siabi's Pharma Healthcare pharmacy on Canvey Island two weeks ago. But Mr Siabi said the response did not adequately address the issue. "This is a politician's talk and they always dodge the question and make statements that have no relevance."

And Dr Spink has now proposed amendments to a parliamentary motion against polyclinics, signed by 24 MPs, to include concerns about effects on pharmacy services.

The RPSGB reissued its call for impact assessments to be carried out on the potential economic, social and healthcare impacts of polyclinics.

The lobbying push came as Lord Darzi made five pledges on NHS reform in an interim publication of his NHS review. Change would benefit patients, be locally-led, be clinically-driven and involve local communities, who would see the difference first, the Leading Local Change document said.

CCA commissioning lead Georgina Craig said: "It matters not that Lord Darzi has made these pledges but that he and the government are committed to honouring them."

Split verdict over Society support

Stakeholders hold mixed views on whether the RPSGB has gained enough support to form the central plank of the profession's future leadership body.

It is 12 months since Lord Carter's report on pharmacy regulation and leadership gave the Royal Pharmaceutical Society a one-year ultimatum to generate widespread support for its royal college plans.

The CCA and College of Pharmacy Practice (CPP) said this week that the independent Clarke Inquiry was an important first step" in engaging with members.

But CPP chief executive Ian Simpson said: "I think more could have been done... with working with other organisations."

And Community Pharmacy Scotland CEO Harry McQuillan said that the profession had never been given an alternative to the Society forming its future leadership body. "Everything that's come out of Lambeth has just assumed that the Society will form that professional body," he said.

Ian Simpson: sticking with RPSGB is practical solution

However, Mr Simpson rejected Mr McQuillan's suggestion that the leadership body should be started "from scratch". This was not practical, Mr Simpson said, if the professional body was to be set up by 2010 when the General Pharmaceutical Council was due to take over regulation.

RPSGB president Hemant Patel believed the Society had done everything it could to engage members, citing roadshows and consultations.

"All I can do is make the options available and try and encourage feedback," he said.

A discussion forum on the Clarke Inquiry will be held at the Society's AGM on May 21. **JR**

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News in brief

UniChem measures BP

UniChem has supported a local blood pressure awareness initiative for the third year running. Professional services manager Meera Sharma, a pharmacist, carried out free blood pressure tests on shoppers during Kingston's Blood Pressure Measuring Day, offering advice on maintaining a healthy reading.

Pfizer's earthquake aid

Pfizer's China arm has donated 10 million yuan (approximately £7.35 million) in medicines and financial assistance to relief organisations operating in Sichuan, the province worst affected by the 7.9 magnitude earthquake which hit the country last Monday.

Liquid meds resource

The NPA has produced an SOP and guidance notes on the safe measurement and administration of liquid medicines. It complies with NPSA recommendations and can be downloaded at www.npa.co.uk/members.

Society deputy registrar

The RPSGB has appointed patient safety expert Wendy Harris as its deputy registrar. Former NPSA head of safety solutions Ms Harris takes responsibility for the Society's regulatory functions from June 9. She joins from her Department of Health role as deputy director of healthcare quality and head of patient safety and investigations.

Coventry adds weight

Four additional pharmacies have successfully completed training with UniChem for an award-winning weight management programme in Coventry. The [illegible] recruits will widen the [illegible] coverage of the [illegible] recently secured a [illegible] funding from the DH and [illegible] Coventry Teaching PCT.

Hitting [illegible]

Pharmacist [illegible] are set to star [illegible] radio [illegible] on May 15, a [illegible] of the NPA's Ask Your Phar[illegible] radio day. Colette McCre[illegible] the NPA was talking on[illegible] patients' attitudes to [illegible] es and about [illegible] pharmacist [illegible] ting [illegible]

Industry clashes with Westminster on DTP

Concerns as government dismisses OFT view of direct to pharmacy distribution

Zoe Smeaton

The government's decision to back direct to pharmacy (DTP) distribution models for now has sparked concerns among the profession.

The government response to the Office of Fair Trading's (OFT) report into medicines distribution, which assessed issues arising from DTP models, stated: "There has been no real change in the standard of service offered to patients and no evidence to suggest that this will be the case in the foreseeable future."

This conflicted with the OFT's original findings that the model could lower standards of service being provided to pharmacies. If passed on, this might be detrimental to patients.

Lindsay McClure, head of information services at PSNC, said they continued to receive reports of supply issues linked to changes in manufacturers' distribution arrangements, and said contractors should report problems that affected patient care so they could be fed back to the Department of Health.

Brian Deal, of Ashwell Pharmacy in Hertfordshire, said DTP models had made life more difficult for pharmacists. Mr Deal said of the response: "I don't see how they can say it had no effect on service."

And Rajni Hindocha, managing director of CamRx, agreed that DTP distribution could affect patients indirectly as it increased paperwork for pharmacy and caused confusion among staff.

However, the government said it was unconvinced of the need to bring forward legislation to clarify service standards, but will keep the matter under review.

The response also said the government agreed that the OFT's recommendations, on addressing the impact of DTP on medicine costs, should be discussed with other stakeholders as part of the current PPRS negotiations.

Numark hits back with training plans

Numark has teamed up with generics manufacturer Actavis to offer members an improved training programme. The announcement comes just a week after C+D reported other buying groups were looking to improve their offerings and poach Nucare members from the merged group.

The newly-created Numark Academy brings together existing and novel training offerings to help pharmacies achieve "growth through development". The programme will include training workshops, distance learning modules on core business topics and bespoke training solutions.

A training panel of 10 members will evaluate external training offerings and help formulate training plans for pharmacists and staff. Bursaries will be available for external training, which members can show will benefit their businesses.

Hands on: Numark academy will include training workshops

Jonathon Wilson, marketing director of Actavis, said as funding moved away from the traditional purchase profit model: "Actavis is committed to helping pharmacists release themselves from the dispensary to take on new roles."

He added that Actavis had been keen to work with Numark as it had, "a very broad customer base, as do we, so the fit is really quite good." **ZS**

Welsh role in donation

Pharmacists could play a key role in organ donation in Wales, and strengthen their relationship with ministers in the process.

The Donate Wales – Tell a Loved One campaign, funded by the Welsh Assembly Government and led by the Kidney Wales Foundation, aims to get people talking about organ donation and encourage them to join the Organ Donor Register.

Raj Aggarwal, a community pharmacist in Cardiff and chairman of the Kidney Wales Foundation, is encouraging pharmacists to take part by displaying campaign leaflets and posters in store.

He told C+D pharmacists could add value to the campaign and their role could help show health ministers "we are doing something for the community". **ZS**

Will you be taking part in the campaign?
zsmeaton@cmpmedica.com

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News in brief

RP verdict

The Department of Health has confirmed it will publish its response to the consultation on the responsible pharmacist legislation within the next couple of weeks. The verdict will be eagerly awaited as the proposals proved controversial among community pharmacists.

Lloyds recruits online

Lloydspharmacy is introducing an e-recruitment site that will allow potential pharmacy staff to view and apply for available positions, as well as book interview slots, online. It will be introduced in three phases from July, supported by an advertising campaign.

ABPI up for transparency

The Association of the British Pharmaceutical Industry has pledged that its revised Code of Practice, to come into effect on July 1, will lead to greater transparency, specifically on pharmaceutical companies' relationships with patient groups and health professionals.

Methadone bill

The cost of methadone prescriptions for 2006-07 was £15.7 million, health minister Dawn Primarolo said in a written answer in the Commons. The cost does not include prescriptions written in hospitals or clinics and dispensed in the community, prescriptions dispensed in hospitals or private prescriptions.

President wants to stay

Outgoing Society chief Hemant Patel says he will contribute to professional body

Max Gosney

Hemant Patel has hit out at rules that will force him to step down as president of the Royal Pharmaceutical Society this week.

Mr Patel said he failed to understand regulations limiting RPSGB presidents to three successive one year terms in power.

Mr Patel told C+D: "In my view MPs are elected as long as their constituencies want them. I can't understand the reasons for a maximum number of terms."

Mr Patel will step down after the annual general meeting next Wednesday. The outgoing president has held office during a turbulent three years for the Society.

He has faced government plans to strip the Society of its joint regulatory and representative role and heavy opposition to a rise in 2008 membership fees.

Mr Patel said he would be remembered as the man who brought a grassroots approach to the RPSGB.

He said: "I've pushed for a membership focus at the Society. The organisation is significantly different to when I started."

Mr Patel plans a summer break catching up with friends, family and sleep. But he vowed to return to pharmacy politics at this autumn's British Pharmaceutical Conference in Manchester.

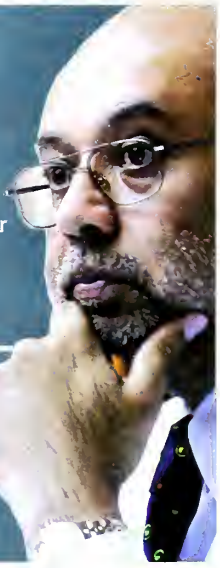
He said: "This is a sabbatical for me to reconnect with family and friends... When the professional body is set up I'll be ready to make a contribution.. I'll be back."

The race to become Mr Patel's successor stepped up this week as the RPSGB closed the polls on its Council elections.

Any of the six successful candidates, to be announced in the coming week, can stand for the presidency.

How do you rate Hemant Patel's presidency?
mgosney@cmpmedica.com

The Hemant years



June 2005 Elected president

June 2006 Wins second term

December 2005 Council agrees to allow technicians place on RPSGB national boards

February 2007 White paper confirms new General Pharmaceutical Society will regulate the profession

July 2006 Foster review calls for RPSGB's dual role to be split

June 2007 Wins third term

August 2007 Over 10,000 pharmacists protest against proposed 50 per cent hike in 2008 retention fees

September 2007 Hosts open day for members at Lambeth

September 2007 RPSGB Council commissions inquiry into setting up a new professional leadership body

Kings of Cam[illegible] lights up the main street of Camelon, near Falkirk, after [illegible] Scottish firm. The Dollar Rae-designed pharmacy features a [illegible], 3D imagery and an illuminated script signing point. [illegible] "I think our shop stands out a million miles, especially in the [illegible] and he was determined to lay down the gauntlet to rival operators in the revamped store. "I want to show we are better than the multiples," he said. The pharmacy will offer services including emergency hormonal contraception and smoking cessation

Pharmacy to rescue rural post offices

Pharmacies should double up as post offices to help save rural branches in Northern Ireland, the Pharmaceutical Society of Northern Ireland (PSNI) has said.

Co-location could save many of the 42 local post offices set for closure under Post Office Ltd plans.

Many of the branches due for closure are located less than half a mile from a community pharmacy, PSNI said.

PSNI spokesperson Mark Neale said: "A post office co-locating with a nearby pharmacy is a proven solution to save services in village, suburban and deprived communities across Northern Ireland."

The PSNI called on the Post Office Ltd to explore the idea before deciding on the closures.

PSNI's comments came in response to a government inquiry on the plans.

A consultation on Post Office Ltd's changes to the postal network closed this week. **MG**

Would you want to be co-located with a PO?
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[1] Bio'sat Market Research 2005 [2] Marketing Sciences Consumer Research 2006

Penguins, cigarettes and script changes

When the first Penguin paperbacks were published in 1935 they cost sixpence each, or about the same as a pack of cigarettes. When the prescription charge was introduced in 1952 that shilling would also buy you a pack of 10 cigarettes. The most recent prescription charge hike, to £7.10, means it has kept up with the price of paperback books but outpaced the price of tobacco.

Apart from removing the Net Book Agreement in 1995, the government has had little influence over the price of books, but the value it places on health promotion makes for an interesting comparison. Is it really good health policy to make a pack of fags cheaper than an NHS prescription medicine?

The latest prescription charge increase passed with barely a whimper from my hard-up, sick patients. People must have become so used to the annual tax rise that they take it for granted, even though seven quid sounds like a lot of money. A meal at Pizza Hut, or even the latest John Grisham novel would be a lot more fun, after all.

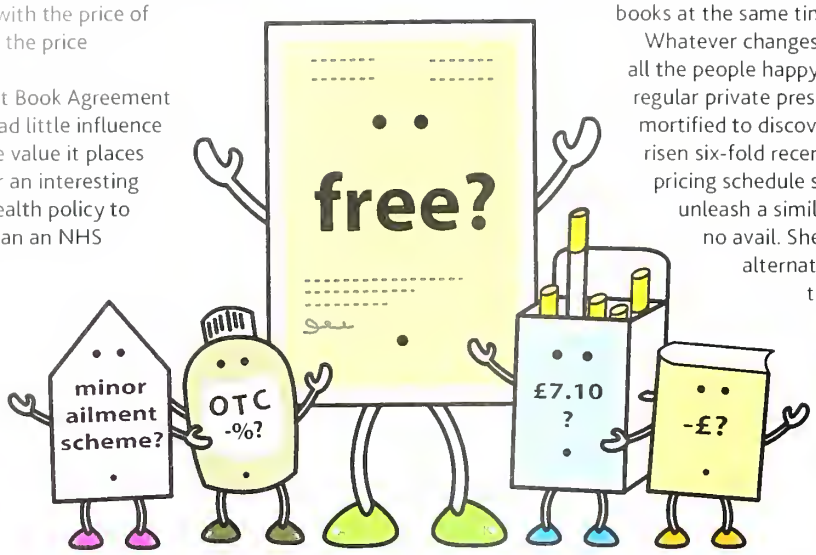

Illustration Jo Kropelko

We all know the prescription charge exemption system is archaic and unfair, and heaven knows what political machinations are delaying the government's review. I fear that those health bodies writing to The Times expressing concerns that the consultation will lead to nothing more than a "tinkering of an inherently unfair system" (C+D, May 10, p8) could be proved right. If the final decision must be cost-neutral I suggest that raising the price of cigarettes to £7.10 would easily pay for the abolition of script charges. And it could fund a government subsidy on the price of books at the same time.

Whatever changes are made, it's impossible to keep all the people happy all the time. A patient who has a regular private prescription for co-proxamol was mortified to discover the cost of her painkillers had risen six-fold recently. Obviously not trusting my pricing schedule she phoned the manufacturer to unleash a similar torrent of abuse at them, but to no avail. She can have the state sponsored alternative for free, but is otherwise at the mercy of the free market. This seems fair enough, but obviously not to her.

It would be ironic if pharmacists were the only ones who disagreed with the abolition of script charges. If people can get whatever they want from the GP without paying, they'll undoubtedly spend less on OTC medicines. And why use the new national pharmacy minor ailment scheme when you can access your GP's much wider formulary at no additional expense?

These decisions are never quite as simple or clear cut as they seem at first. But whatever 'tinkering' goes on, pharmacists will be the one administering the changes. Free of charge, of course.

The D'Arcy angle

John D'Arcy

If it ain't broke...

What a great front cover on C+D last week (May 10) with the picture of George Best. The editorial was good too, focusing on the significant progress that pharmacy has made in service delivery in Northern Ireland and queried why the new contract is taking so long. A good question. But an equally important question is why the need for a national tender for generics in the Province?

Drug costs are a significant healthcare expense and so need to be controlled. Competitive tendering is a legitimate way of approaching this. So too might be tariff or reference pricing which we would expect to feature in the stakeholder consultation. That is of course unless it was that there was one. The reality is that there was no consultation. Rather, there has been announcement of a move to a tender process for generics.

There appears to be a certain degree of pre-determination here and while competitive tendering has a nice value for money ring about it and undoubtedly ticks all the right political boxes, you have to ask what problem needs fixing? The existing generic market seems to me to be already delivering outstanding value for money for the NHS in Northern Ireland. Just look at a bread and butter generic such as furosemide. At average price, this will keep one person out of hospital for 28 days or 28 people out of hospital for 28 days for a mere 24p. Seems like a bargain to me.

The bargain is a direct result of the number of suppliers in the market place all wooing pharmacists for their business. And pharmacists complete the loop by actively shopping around. A competitive tender will drive players out of the market, because once the tenderers are established there will be no room for competitors and over time this will inevitably drive prices up.

It will also increase the risk of generic shortages where a single or small number of tenderers are unable to meet demand. In such cases, patients may be denied access to the medicines they need and gaps will have to be plugged by the more expensive brand.

The current model of supply of generics creates a true market within the NHS that guarantees both continuity of supply and value for money for patients, primary care organisations, and government. So why change a system that has worked well over a number of years and provides patients with the medicines they need at prices governments can afford?

John D'Arcy, managing director, Numark

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C+D GREEN MONTH

One year on, has pharmacy got any greener? We revisit the C+D Green Survey to see if pharmacy has made improvements to its green credentials

Green survey results

94%

Want to recycle more

94 per cent of respondents want to recycle more, with the biggest barrier collection options (**44** per cent). **60** per cent are recycling paper, and **65** per cent recycling cardboard.

- **35%** recycle bottles/glass
- **32%** recycle plastic
- **16%** recycle tins/metal
- **11%** recycle electrical items
- **10%** compost organic matter
- **8%** recycle clothing

92%

Are concerned about climate change

92 per cent of pharmacists are concerned about climate change or global warming, however, only **52** per cent have taken or are planning to take steps to reduce the environmental impact of their business. Only **9** per cent said they didn't know how to reduce the environmental impact of their business.

89%

Would switch to greener suppliers

89 per cent of respondents would switch to greener suppliers to purchase consumables such as washing up liquid, gloves and recycled paper bags.

80%

Are asking customers if they want a bag

80 per cent are making the small things count, by asking customers if they want their purchases in a bag or not.

73%

Are talking to staff about saving energy

But **73** per cent are talking to their staff about saving energy and **89** per cent are concerned about their energy efficiency. Up slightly on last year's result of **87** per cent, is this due to a greater environmental awareness or an increase in fuel bills? With **75** per cent checking their energy bills, it might be the latter.

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IGLÜ™ GEL. Contains: Lidocaine hydrochloride and aminoacridine hydrochloride. Indications: For the fast effective relief of common mouth ulcers, soreness of gums and denture rubbing. Dosage: For use in the mouth by adults, the elderly and children (excluding infants and babies): Apply sparingly, directly to the affected area(s) with a clean fingertip or cotton wool bud. Re-apply as necessary. Contraindications: Known sensitivity to any of the ingredients. Precautions: Keep away from the eyes. The potential risks of use during pregnancy or breast-feeding are unknown; caution should therefore be exercised before recommending this medicine. Side-effects: Hypersensitivity reactions to lidocaine hydrochloride and aminoacridine hydrochloride occur rarely. Legal category: P. RSP: £5.99 for 8g. Licence number: PL 0173/0186. Iglü Trademark and Product Licence holder: Diomed Developments Ltd, Hitchin, Herts, SG4 7QR, UK. Distributed by: DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD18 7JJ, UK. Date of preparation: November 2007.

Some respondents take paper and cardboard home to recycle or add shredded paper to the compost, others make regular visits to a village collection point.

The last things some respondents recycled:

- Paper
- C+D magazine
- Ink cartridges
- Plastic milk bottle
- Glass
- Bubblewrap
- Hoover
- Junk mail

67%

Operate a home delivery service

67 per cent of respondents have a home delivery service vehicle – apart from one respondent who does their deliveries by bicycle – **56** per cent use a petrol vehicle, with the remaining **44** per cent using a diesel vehicle. Over **57** per cent of these delivery vehicles do over 50 miles a week.

58%

Want a carbon footprint strategy

This year **58** per cent of respondents thought a national strategy for all businesses to offset their carbon footprint was a good thing, compared to **51** per cent last year.

44%

Have 11 or more electrical appliances

There's a minor increase in the number of electrical appliances in a pharmacy: those reporting 11 or more electrical items up from **43** per cent last year to **44** per cent this year. Is this a sign of more clinical services? There has been a drop in the number of light bulbs – only **43** per cent reported having **20** or more light bulbs, compared to **50** per cent last year.

27%

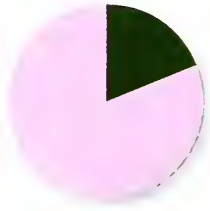
Are planning an energy audit

Only **27** per cent of pharmacists are planning an energy audit on their business or store.

19%

Will not switch to green services providers

Only **19** per cent wouldn't consider switching to a greener financial services provider. Of those who would consider switching, **77** per cent were interested in greener vehicle insurance, with **51** per cent interested in ethical business banking and **49** per cent in business insurance that offsets carbon emissions.



8%

Don't know what a carbon footprint is

Only **8** per cent don't know what a carbon footprint is, but only **22** per cent actually know what their carbon footprint is.

Our green month continues as we examine the effects of climate change on health on page 18. Next week we look at green issues in pharmacy and talk to Richard Bliss, head of corporate and social responsibility for Alliance Boots

The painkiller with added aahh

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Syndol with added aahh

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Syndol Product Information: Indication: For the treatment of mild to moderate pain and as an antipyretic. **Active Ingredients:** Paracetamol BP 450.0mg, Codeine Phosphate BP 10.0mg, Doxylamine Succinate NF 5.0mg, Caffeine BP 30.0mg. **Dosage and administration:** For oral administration. Adults and children over 12 years: 1 or 2 tablets every four to six hours as needed for relief. Total dosage over a 24 hour period should not normally exceed 8 tablets. Codeine should be used with caution in the elderly and debilitated patients, as they may be more susceptible to the respiratory depressant effects. **Contraindications, warnings etc:** Hypersensitivity to paracetamol, codeine or other opioid analgesics, or any of the other constituents. Do not exceed the stated dose. Do not take concurrently with any other paracetamol or codeine containing compounds. Do not take for more than 3 days continuously without medical review. Care is advised in the administration of this preparation to patients with impaired kidney or liver function and in those with hypertension, hypothyroidism, adrenocortical insufficiency, prostatic hypertrophy, shock, obstructive bowel disorders, acute abdominal conditions, recent gastrointestinal surgery, gallstones, myasthenia gravis, a history of cardiac arrhythmias or convulsions and in patients with a history of drug abuse or emotional instability. Prolonged use of codeine may lead to dependence and should be avoided. Codeine may induce faecal impaction, producing incontinence, spurious diarrhoea, abdominal pain and rarely colonic obstruction. Elderly patients may metabolise or eliminate opioid analgesics more slowly than younger adults. **Legal Category:** P RRP:10pk £2.45, 20 £3.89, 30 £5.09 Product Licence: PL 11314/0122. Product Licence Holder: Seton Products Limited, Tubiton House, Oldham OL1 3HS. Date Prepared: October 2006. For further information contact the product licence holder.

References: 1. Gallup National Survey 1998. **2.** IRI Data, 28th February 2008, all outlets.

C+D Clinical

C+D GREEN MONTH

Climate change

How will the expected change in the UK's climate impact on the nation's health?

Key points

- Although climate change poses the biggest threat to health in developing countries, people in the UK are also at risk from more frequent and longer heatwaves, and some types of flooding.
- The very old, the very young and those already ill are most at risk.
- A monitoring system is being set up in the UK for malaria and tick-borne diseases.
- An increase in the amount of ozone in the air means the incidence of respiratory diseases may increase.
- Although planning is important, prevention of climate change is more important still.

Reflect

What effect would a long heatwave have on your patients? Would you know which individuals are most at risk? What other climate change factors could have health implications?

Plan

This article considers what effects an increase in heatwaves, flooding and air pollution could have on health and the policies being introduced to cope with them.

CPD This article can help in the following CPD competencies: **G1a, G1n, G3h, G8a, C2a**. See www.tinyurl.com/264zu

Emma Wilkinson

In January, the World Health Organization (WHO) issued its latest report on climate change and health. WHO has for several years warned that the health risks posed by global warming are significant, will affect countries throughout the world and will be difficult to reverse.

The biggest threats are to developing countries – and already climate-sensitive factors such as undernutrition, diarrhoea and malaria are major causes of illness and death. However, the death of more than 44,000 people in Europe in the heatwave of 2003 shows that developed countries also face specific threats from changes in climate despite having more robust infrastructure and greater resources.

In the UK, annual temperatures are on the rise as are the number of 'hot days' that occur every year. By the end of the century it is predicted that the increase in mean temperature will be 2°C in winter and 4°C in summer. Hot spells will become more common with southern and central England worst affected.

After 2030, heatwaves will become more frequent and after 2060 they are expected to be more intense and last longer. Scotland will become about 10 per cent drier. It is projected that maximum annual periods of drought will be about four to six days longer in England and Wales.

As well as dramatic impacts such as the melting of polar ice sheets, global warming will result in higher temperatures generally for the UK and more common hot spells

On the opposite side of the coin, some types of flooding, such as those occurring in spring due to snow melt, will become less of a problem, but floods linked to higher levels of rainfall in autumn and winter are likely to increase.

Who is most at risk?

The very young, very old and those already suffering ill health are most at risk from the health effects of climate change. For example, during one hot spell in London in August 2003, deaths among people aged over 75 rose by 60 per cent. Hence, forward planning is important for those who are bed bound or have mental health problems.

Location may also alter vulnerability. For example, those living in coastal areas could be most at risk from flooding. However, last summer's floods, which hit inland areas such as Sheffield and Tewkesbury, show there are no hard and fast rules.

Heatwaves

The health impact of rising annual temperatures may not be as straightforward as people imagine. Data shows that, despite a gradual warming of summers over the past 30 years, there has been no increase in heat-related deaths, suggesting as a population we are fairly tolerant to hotter weather. In fact temperature-related deaths can be shown to have fallen by the fact that 33 per cent fewer people died from the cold in winter between 1971 and 2003.

However, the likelihood of increased frequency and intensity of heatwaves is a cause for concern, not least because the effect is greatest with consecutive hot days. The risk of a nine-day heatwave of an average 27°C in south east England – leading to 3,000 immediate heat-related deaths and 6,350 heat-related deaths throughout that summer in Britain – is predicted to become as high as 1 in 40 each year by 2012.

It seems we are fairly tolerant to small average increases in temperature, which should reduce the impact of hotter summers. However, heatwaves are associated with an increase in deaths and can occur with little warning so preparations need to be in place before high temperatures are forecast.

The government has laid out proposals for avoiding heat stress and dehydration in its heatwave plan, which asks health professionals to have procedures in place by the end of June. As the elderly and ill are most at risk, their carers need to be made aware of steps to reduce the effects of heat stress. Those with cardiovascular and cerebrovascular conditions, Parkinson's disease, diabetes, respiratory illness, kidney disease, peripheral vascular conditions and Alzheimer's are most vulnerable.

Regular seasonal flooding could pose new problems for healthcare provision

Advice includes having an electric fan available and ensuring windows can be opened, as well as shading individuals from direct sunlight. Water can be sprinkled on the face, arms and clothing if necessary to encourage cooling – particularly in people taking medication that interferes with sweating, such as anti-cholinergic agents and diuretics. A cool bath or shower is another good option in an emergency.

It must be stressed that water and salts are vital for preventing dehydration. Eating cold food, particularly salads and fruit, is also helpful because of their high water content. Alcohol and caffeine should be avoided in favour of water and fruit juice.

Flooding

The Department of Health already lists flooding as an important problem in the UK, but the full effect on health is not known. The number of people at a high risk from flooding could rise from 1.5 million to 3.5 million by 2100.

Obviously, the most severe health risk from flooding is death but fortunately this is uncommon in the UK. Lessons from Hurricane Katrina show that, in addition to drowning, people are at risk from electrocution and carbon monoxide poisoning in the immediate aftermath of a flood. In the longer term, there are hazards from chemicals leaking into the environment, particularly where people live near agricultural or industrial land.

Mental health problems have also been shown to be more common after flooding. One study in the UK found a four-fold increase in psychological distress among adults whose homes were flooded compared with those who avoided damage. There is also increased risk of infectious disease after flooding through food that has been exposed to floodwater or problems with drinking water. To date in the UK, there have not been any particular problems with outbreaks of major gastrointestinal illness although there were increases in various illnesses – stomach, skin and respiratory – reported to the Health Protection Agency after flooding in 2004.

The HPA also issued advice on avoiding illness after last summer's floods. Although the agency stated that the risk of infectious disease was minimal, people were urged wherever possible to try to avoid coming into direct contact with floodwater and always to wash hands thoroughly with hot water and soap after taking part in clean-up activities and before touching or eating food. Strict disinfectant procedures also apply to any items suspected of being in contact with contaminated water, such as toys and soft furnishings. Cuts and other open wounds should be covered with a waterproof plaster.

Anyone who has been in contact with contaminated water or sewage who develops diarrhoea, fever or abdominal pain in the following 10 days should seek medical advice.

In contingency planning it is also important to remember that flooding could also damage hospitals, GP surgeries and pharmacies, limiting people's access to healthcare.

Vector-borne diseases

Increased temperature generally accelerates the development of insect vectors and the pathogens they carry, and can also cause them to bite more frequently.

In temperate regions with marked seasons, such as the UK, monitoring annual changes in climate does not really help predict the risk of infection in humans.

Even though the UK climate may become more suitable for subtropical vectors, a single hot dry summer or a cold winter could reduce their numbers. In short, there are many variables at work and it is impossible at this point to draw firm

...ions on what may happen in terms ...read of diseases such as malaria ...me disease.

Malaria was once common in many marsh communities in southern England between the 16th and 19th centuries, areas such as the Fens, the Thames estuary, south east Kent, the Somerset Levels and the Severn estuary. There are six species of mosquitoes in the UK capable of transmitting both temperate and tropical strains of malaria, and a warmer climate would mean more favourable and longer lasting conditions for transmission.

But for malaria to return to the UK, a mosquito would have to feed on someone carrying the parasite (at a specific stage of its life cycle) and then be able to pass on infection nine to 24 days later. With a small number of people returning from abroad with malaria, the chances of a mosquito, which is generally restricted to certain coastal areas, biting an infected individual is slim. Therefore, it is thought that any malaria outbreaks will be rare and on a small scale and, as long as public health officials react promptly, endemic malaria transmission in the UK is unlikely.

However, a monitoring system is being set up in the UK to look for signs of malaria and tick-borne diseases. Health professionals are being asked to report incidents of insect-associated conditions including wasp/bee stings, rashes from caterpillars and tick bites. In addition, people travelling abroad must be closely monitored, and health professionals must remain vigilant with regard to the risks to holidaymakers in different parts of the world.

Although some pollutants are predicted to decrease, respiratory problems will probably rise, leading to 1,500 extra deaths

In terms of tick-borne diseases such as Lyme disease, people engaging in outdoor leisure activities are most likely to be affected during spring and autumn. Whether climate change in the UK will increase numbers of infected ticks at these times remains to be seen.

Air pollution

It is thought that concentrations of several air pollutants will decline over the next 50 years in the UK, but on the negative side the concentration of ozone is likely to increase. Deaths and hospital admissions from respiratory diseases are likely to increase as a result of such changes. It could mean about 1,500 extra deaths and hospital admissions a year. Unsurprisingly, people with chronic respiratory conditions will be disproportionately affected.

According to the Department of Health, the thinning of the ozone layer, which has been associated with an increase in skin cancer, is expected to recover by 2050, although climate change may delay that recovery. Public health campaigns to reduce exposure to UV radiation while making sure people get enough vitamin D will continue to be important.

What can be done?

In terms of dealing with the consequences of climate change, planning is key – public health systems need to be prepared. There is also a need to raise public awareness. But we should not just accept that global warming is inevitable. The warming of the planet will be gradual, although the frequency and severity of extreme weather events, such as heatwaves and floods, will be abrupt and cause acute problems.

WHO suggests a number of strategies that may improve the situation. These include becoming less reliant on coal power to reduce air pollution; providing more opportunity for walking and cycling, which would have a triple whammy effect of reducing air pollution, traffic related injury and obesity; and eating locally grown foods and upping intake of foods lower down the food chain such as vegetables and grains rather than red meat, the production of which is a major contributor to greenhouse gases.

Emma Wilkinson is a freelance medical writer

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- Climate Change and Health – report from the WHO secretariat www.who.int/gb/ebwha/pdf_files/EB122/B122_4-en.pdf
- Health advice following flooding, Health Protection Agency www.hpa.org.uk/flooding/default.htm

Your Continuing Professional Development CPD

...el

- Read 'Supporting vulnerable people before and during a heatwave: advice for health and social care professionals' at www.dh.gov.uk. While aimed mainly at social care professionals, there is some general advice on how to keep body temperature down, and drugs that interfere with thermoregulation.
- Read chapter 3 of the DH document 'Health effects of climate change' (http://tinyurl.com/4fza6j) on tick-borne encephalitis and malaria.
- Read the heatstroke advice on www.nhsdirect.nhs.uk, particularly the risks for babies and older people.
- Use your PMRs to identify patients who would be most at risk in a heatwave, by virtue of their age, medical conditions and medication, and plan what you might do to help them in prolonged high temperatures.
- Look at the Health Protection Agency's leaflets on precautions to be taken following flooding on www.hpa.org.uk. Download any you might find useful for customers. Are you in a high risk area? If so, do you know of any local contingency plans for dealing with the effects of flooding?
- Keep abreast of government plans to counteract climate change. Energy-saving measures for the health sector were recommended on April 7 in the guidance document 'Health impact of climate change: promoting sustainable communities' on ...lth.gov.uk.

...

...you now more aware of which of your patients would be adversely affected by ...mate change and what you could do to help them?

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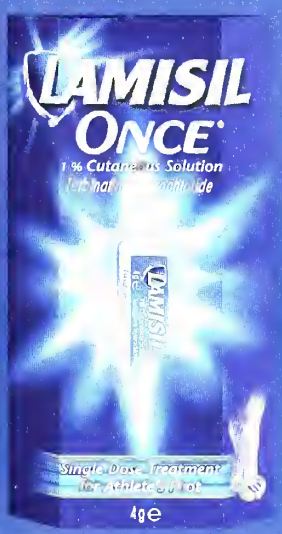

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Clinical news

Atypical antipsychotics

The NELM has reviewed the latest evidence on adverse metabolic effects associated with the atypical antipsychotics. The review includes recent changes to prescribing information on olanzapine. http://tinyurl.com/[illegible]

Metformin effective

Outcomes for women initially treated with metformin in gestational diabetes are similar to those given insulin, a study has concluded. The study of 751 women also found they prefer to take the oral therapy. http://tinyurl.com/6ouxnl

Epilepsy antidepressants

A Q&A review of appropriate antidepressants for use in patients with epilepsy has been published by the London Medicines Information Services. http://tinyurl.com/6mufwv

Hypotension guidance

Guidance on assisting patients to manage hypotension has been published by the RPSGB. http://tinyurl.com/43obzc

Child antipsychotics use soars

A study of antipsychotic use has revealed that it has almost doubled in the UK between 1992 and 2005.

It also showed that most of the growth in the use of antipsychotics has been in children.

There has also been a strong trend away from traditional treatments to the atypical antipsychotics, despite a lack of evidence that they are superior. Atypical antipsychotics were often prescribed for off-label and unlicensed indications, the authors reported.

Interestingly, the number of patients starting the treatments for the first time remained relatively stable during the period, from which the researchers drew the implication that patients continued to take their treatments for longer periods. http://tinyurl.com/56xvwu

EU approves first gout treatment in 40 years

The novel treatment febuxostat (Adenuric) has received the first EU marketing authorisation for treatment of chronic hyperuricaemia in gout in four decades.

The selective xanthine oxidase inhibitor is indicated for chronic hyperuricaemia in patients experiencing tophus or gouty arthritis.

The recommended daily dose is 80mg unless the patient's serum uric acid is over 6mg/dl, in which case a 120mg dose may be used. Prophylaxis of at least six months is recommended. http://tinyurl.com/636qvw

• Astellas Pharma has announced that its Mycamine (micafungin) treatment has also received EU approval. The product is indicated for treatment of invasive candidiasis and prophylaxis in patients expected to have neutropenia. http://tinyurl.com/6dux4j

Death risks drop sharply for quitters

Excess risk of death due to smoking drops off rapidly after quitting, and is near zero after two decades, a large prospective study of US nurses has revealed.

The authors concluded smoking increased risk of death from lung cancer and respiratory disease by eight to 14 times compared with non-smokers, but also that quitting reduced much of the excess risk.

Risk of death from vascular disease in particular was comparable to never-smokers after five years, and all-cause mortality was comparable to never-smokers after 20 years. http://tinyurl.com/4fx8gt

Clinical Alerts – sign up for C+D's clinical newsletter at www.chemistanddruggist.co.uk/register

New Products

ReQuip XL (ropinirole prolonged-release tablets) ReQuip XL controlled-release once-daily ropinirole treatment for patients with idiopathic Parkinson's disease in patients who are controlled on ropinirole immediate-release tablets. It may be used alone or with levodopa. GlaxoSmithKline, tel: 0800 221441.

Salbulin MDPI Novolizer (salbutamol dose inhalation powder) Powder inhaler. One dose contains 100 micrograms of salbutamol equivalent to 120 micrograms of salbutamol sulphate. Meda Pharmaceuticals, tel: 01748 828810.

SPC Changes

IntronA 18, 30 and 60 million IU solution for injection, multidose pen Change to pharmacodynamic properties. Schering Plough Ltd, tel: 01707 363636.

Mircera (methoxy polyethylene glycol-epoetin betasolution for injection in pre-filled syringe) Change to posology and method of administration relating to patients with hepatic impairment. Roche Products Ltd, tel: 0800 328 1629.

Rivotril Ampoules (clonazepam) Change to interactions with other medicinal products including antiepileptic drugs and selective serotonin reuptake inhibitors, and undesirable effects including risk of falls and fractures in elderly benzodiazepine users. Roche Products Ltd, tel: 0800 032 7298.

Surmontil capsules (trimipramine) Addition of warning on suicidal ideation and behaviours. Sanofi Aventis, tel: 01483 505515.

Zocor Heart-Pro (simvastatin) Added recommendations regarding the risk of myopathy when fusidic acid and simvastatin are administered concomitantly, and hepatic failure added as an undesirable affect. McNeil Ltd, tel: 01344 864042.

Invega (paliperidone) Changes to interactions with other medicinal products and other forms of interaction. Janssen-Cilag Ltd, tel: 0800 731 8450.

Binovum oral contraceptive (norethisterone, ethinylestradiol) Shelf life changed from three to two years. Janssen-Cilag, tel: 0800 731 8450.

Metvix cream (methyl aminolevulinate) Warnings changed on contact dermatitis at application site. Galderma (UK) Ltd, tel: 01923 208950.

Ovysmen oral contraceptive tablets (norethisterone, ethinylestradiol) Change of shelf life from three to two years. Janssen-Cilag Ltd, tel: 0800 731 8450.

Sinemet CR and Half Sinemet CR (levodopa, carbidopa) Change to special warnings and precautions relating to melanoma. Bristol-Myers Squibb Pharmaceuticals Ltd, tel: 01895 523740.

Tixylix Chesty Cough, Tixylix Cough and Cold, Tixylix Dry Cough, Tixylix Night Cough Removal of indication and dose for children under two years, addition of dosage warning and instruction to consult a pharmacist or healthcare professional before use in children under six years. Novartis Consumer Health, tel: 01403 323046.

Tysabri (natalizumab) Guidance added on counselling patients about the importance of uninterrupted dosing. Also information on varicella-zoster virus, herpes-simplex virus infections. Biogen Idec Ltd, tel: 0800 0286 639.

Rapamune (sirolimus) Changes including information on patients with severe hepatic impairment. Wyeth Pharmaceuticals, tel: 01628 415 330.

Supply Problems

Leustat (cladribine) Supplies have been interrupted by a change of manufacturing sites and patients currently receiving the treatment are being prioritised. Janssen-Cilag, tel: 01494 567567. http://emc.medicines.org.uk

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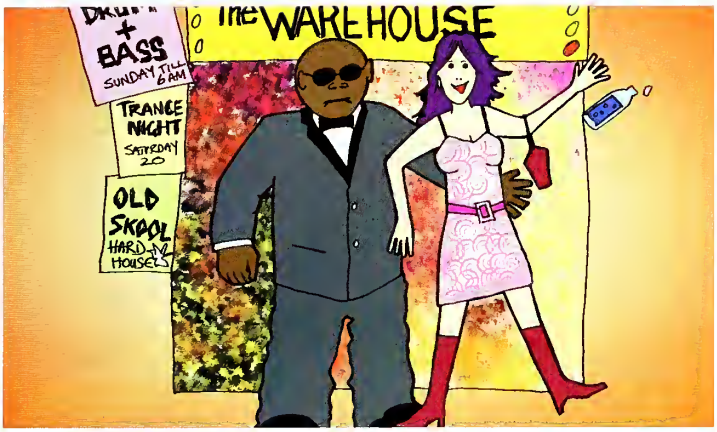
A Practical Approach — Ecstasy



David Farram

There is a timid knock on the office door of David Spencer, pharmacist at Update Pharmacy, and Marie, a junior counter assistant, enters.

"I didn't want to tell you about this, Mr Spencer, but with her going to be a professional and all that, I really thought you ought to know."

"Know what, about who?" replies David.

"About Julia, the pre-registration pharmacist trainee."

"What about her?"

"Well, I was in the Warehouse Club on Saturday night and I saw her being thrown out for taking E."

"Do you mean ecstasy?"

"Yes," says Marie.

"I know you and Julia don't get on too well. Are you really sure?"

"I wouldn't say anything like that if it wasn't true, Mr Spencer. I was with six friends, and we were right near her, so we could here what the bouncer was saying to her."

"Do you know if they reported her to the police?"

"I don't think so, they just threw her out and told her never to come back."

"OK, thanks for letting me know Marie. I'll deal with it," sighs David.

Marie goes and David thinks to himself: "What I am I going to do about this? Julia has been excellent in every way, and she's only weeks away from qualifying."

David speaks to Julia and she confirms Marie's story, but says she has only used ecstasy a couple of times and that after this experience she will never use it or any other illicit drug again.

Questions

1. What are David's options in this situation?
2. What are the possible consequences for Julia?

Answers

1a) David could dismiss Julia on grounds of misconduct; illicit drug use is regarded as a fair reason for dismissal and this would normally be stated in a contract of employment. David should follow a fair disciplinary procedure, which should be set out in an employment manual available to his staff. David would, of course, have to report the termination of Julia's employment to the pre-registration training department of the Royal Pharmaceutical Society.

b) David could decide to allow Julia to finish her pre-reg training.

c) In either case, David has an obligation under the Code of Ethics (Professional Standards and Guidance, section 5.5) to disclose the facts to the RPSGB, as he must inform it if there is concern about the fitness to practise of anyone bound by the Code, including a pre-registration trainee. He also has a legal obligation under the Pharmacists and Pharmacy Technicians Order 2007 to supply such information if requested.

2. If dismissed, she could try to find another placement to complete her training. If she completed her training, either with David or another employer, under the PPTO her misconduct would be taken into account by the Society's Registrar when she applied to register as a pharmacist and registration could be refused. She could appeal against any decision to the Registration Appeals Committee.

This article can help in the following CPD competencies: **G1h, G2a, G3a, G7d .** See www.tinyurl.com/194zu

C+D's A Practical Approach is supported by APOTEX UK LTD

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- **Holiday health**
- **Weight loss**
- **Men's health**
- **Competitions and quizzes – prizes to be won**
- **Plus find out abut three new ways to get *OTC* each month**

OTC is delivered once a month with C+D

please pass it on to your pharmacy staff

HiBi's home from hospital

Mölnlycke Healthcare has extended its antiseptic offering with a range of hand cleaners.

HiBi wash+ is an antimicrobial hand and body wash presented in a pump format, intended for use in the home. Containing chlorhexidine gluconate (4 per cent w/v), the product is effective against a broad spectrum of micro-organisms and remains active for up to six hours.

Designed for on-the-go use, HiBi gel hand rub+ (chlorhexidine gluconate and isopropyl alcohol) and HiBi alcohol gel are waterless solutions that kill bacteria instantly and last for up to six hours.

The products are the same as those used by healthcare professionals in hospitals, says Mölnlycke.

Press advertising is running from now until October and 'Superbugs' leaflets are being distributed to pharmacies. The website will be relaunched by the end of May.

Prices: alcohol gel £2.59/100ml; rub+ £3.99/125ml; wash+ £4.99/250ml
Mölnlycke Healthcare
Tel: 0870 606 0766
www.hibihealth.com

Conga with Compeed

The Compeed blister plaster is making its TV debut in a month-long national campaign beginning on June 2. Viewers of terrestrial channels including ITV, Channel 4 and Channel 5, and digital channels are being targeted.

The 20 second ad features a woman wearing a new pair of high-heeled shoes that start to hurt as the evening progresses. She uses a Compeed blister plaster to allow her to dance the night away in her new footwear.

The company is predicting a bumper season for blisters with wedges and platforms coming into fashion for the sock- and tight-free summer months.

The blister plasters use hydrocolloid materials for faster healing. They form a snug fit, staying in place for several days, says manufacturer Johnson & Johnson.

Product info:
Dendron
Tel: 01923 205704

Diamorphine Supplies

BACK TO NORMAL

We are pleased to confirm Wockhardt's entire diamorphine product range (5mg, 10mg, 30mg, 100mg, 500mg) is back in a full stock position - all supply restrictions have been lifted and order quantities are back to normal. Wockhardt remain fully committed to ensuring ongoing continuity of supply of diamorphine both now and in the future.

Our new packaging is designed with patient safety in mind and has been commended by the NPSA

wockhardt.co.uk

Message drive

Clarityn Allergy is on the road this month in a promotional tour calling at Cardiff, Birmingham, Leeds and Edinburgh. Visiting shopping centres, the Clarityn Allergy Great Escape aims to convey the benefits of the brand to hayfever sufferers.

Meanwhile, TV viewers and magazine readers are being targeted by the 'Living Clarityn Clear' campaign until June.

Containing loratidine, Clarityn Allergy claims to give quick relief lasting 24 hours without causing drowsiness.

Product info:
Schering-Plough
Tel: 01707 363766

Glutafin ups the mix

Glutafin is making improvements across its entire range of mixes for sufferers of coeliac disease. The new mixes, being introduced during the coming months, give better tasting results with a lighter texture, says Glutafin.

There are six gluten-free mixes and six that are additionally wheat-free. All are prescribable and can be used for making a variety of dishes including bread, cakes, biscuits, pizzas and pastry.

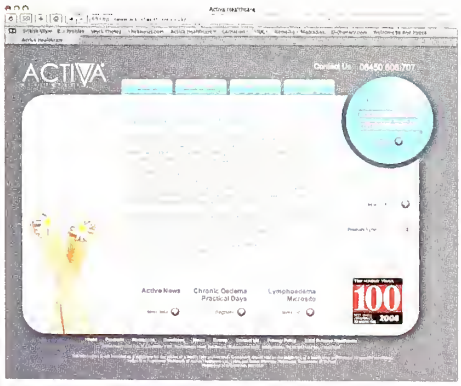
Customers can go to the Glutafin website for recipes – available in a downloadable card format – and to request binders.

Product info:
Glutafin Ltd
Tel: 0800 988 2470

New look online

The Activa website has been relaunched. Described as a 'comprehensive leg health resource for pharmacists', the site offers information from case studies through to research papers.

Popular features such as the Hosiery Selector have been retained, with video clips explaining how to use certain products.



Conditions covered include varicose veins, DVT and leg ulcers, while products are listed in full. Links to related websites are supplied.

The company has won a Queen's Award for Innovation 2008.

Product info:
Activa Healthcare
Tel: 08450 606707

Moving launch

Laxido Orange has been launched by Galen in 20 and 30-sachet packs. Containing macrogol 3350 (13.125g), sodium chloride, sodium hydrogen carbonate and potassium chloride, the P medicine is useful in the treatment of chronic constipation and faecal impaction.

Prices and pip codes: £8.16/20, 338-3218; £12.25/30, 338-3221
Galen Ltd
Tel: 028 3833 4974

For on TV this week see:
www.chemistanddruggist.co.uk

Retail TALK

Eighty six per cent of respondents to our last poll hadn't made a sale of Feminax Ultra. We asked – why?

WEB VERDICT:

No demand:	59%
Insufficient training:	18%
None in stock:	23%

Off the shelf view: The key reason is clearly lack of consumer awareness of Feminax Ultra. But this is set to change as TV ads begin early next month. So don't be caught out – swot up on your training, then get some in stock.

This week: What is your pharmacy's policy on providing customers with plastic bags?

Vote online at **www.chemistanddruggist.co.uk/prodnews**

A year in the life of a prescriber

Qualifying as an independent prescriber is hard work but worth it, says **David Thompson**, as one year on he looks forward to the possibility of a full-time prescribing role

My first year as an independent prescriber is almost over and as I reflect upon it I am conscious of two very different emotions. Firstly it has to be admitted that, at the time of writing, I am very disappointed not to have yet actually signed an FP10 or hospital drug chart. This has been caused by the lack of the necessary professional indemnity insurance, which my present employer will provide once a formal contract is signed between them and the trust for which I work.

Unfortunately, despite chasing endlessly, this document is still in someone's in-tray and I am still working under a temporary 'training agreement'. Consequently while I prescribe for patients, the actual drug chart has to be signed by a doctor after I have finished the consultation. This is frustrating but in real terms I am still doing everything other than putting my name on the chart.

Secondly, however, I am really excited to be involved in the development of new models of care that will ultimately allow me to leave the dispensing bench and to begin to work in a full-time prescribing role. Indeed this year will see me leave my employment of the past 24 years in order to try to get some of these ideas commissioned.

My own ideas about the opportunities for independent prescribing locally and nationally have changed since I began training. My employer agreed to my training as an independent prescriber because it was felt that there would be opportunities for prescribing in the community pharmacy that would be appreciated by patients and ultimately generate revenue.

Since my qualification there has been a lot of discussion about what could be done within a community pharmacy that would be simple, safe and financially viable but nothing has progressed from the proverbial back of an envelope because of the need to persuade many people, not least the patients themselves that such services are safe, meet patient need, are cost effective and cannot be done more easily elsewhere.

The present lack of pharmacy access to clinical records and a clinical support network for the prescriber make working in a pharmacy difficult and we still have to persuade the patient to attend the pharmacy and not their doctor's surgery or hospital.

Socially we are conditioned to healthcare being provided free at the point of need by the NHS and consequently most services within pharmacy would need to be funded by the NHS and not privately by the patient. An exception to this will be services for which the GP currently charges, such as travel clinics. I know of such a clinic due to start in London but these kind of private services will only be applicable in certain locations and I am now of the opinion that the main benefit, and therefore opportunity for pharmacist independent prescribing, will be outside the community pharmacy setting.

However, this does not mean that I do not see a role for community pharmacists to become involved in prescribing, indeed far from it. The proposed changes to the supervision rules and the introduction of the accuracy checking technician role should release community pharmacists to work away from their pharmacies and this will allow them to offer their services in surgeries, nursing and residential homes and elsewhere.

Pharmacist prescribers can undertake clinical assessment of drug regimes and change medication where required. This could be done for patients in nursing or residential homes, and those receiving domiciliary care by a community-based pharmacist. The

If I am asked to predict the future for pharmacy and pharmacists over the next 10 years I would suggest:

- the role of all pharmacists will become ever more clinical and advisory than at present.
- there will be fewer pharmacies, but the ones that remain will be larger and entirely healthcare focused with fewer toiletries and other goods on sale and probably employing more than one pharmacist.
- we will see an ever-increasing role for pharmacy technicians, particularly those with accuracy checking qualifications. Eventually these people will take over

management of long-term conditions such as diabetes and hypertension is already offered by nurses, but pharmacists are certainly also qualified to do this work and again community pharmacists could be commissioned by local GP practices or indeed their PCT to run clinics in surgeries.

Within drug addiction services 'shared care', by which a GP undertakes the responsibility for prescribing, has recently been extended to include pharmacist prescribers who would get similarly paid for offering the service either at their pharmacy or a surgery.

In secondary care, pharmacists already run specialised clinics such as osteoporosis and INR reviews in some hospitals, but a recognised qualification to prescribe will greatly extend the range of work that can be done and pharmacist independent prescribers could even eventually be used to triage non-critical admissions through A&E departments and even supplement out of hours care in the same way as the paramedics currently do.

There is certainly a great need for greater liaison between primary and secondary care to reduce drug induced admissions and 'boomerang admissions' where a patient returns repeatedly to hospital. Pharmacists with their knowledge of medication are ideally placed to manage the discharge of patients from hospital, working perhaps with the new community matrons to reduce these types of admissions. The ability to make a clinical assessment of a patient as well as looking at the drug regime makes pharmacist independent prescribers ideally place to offer this type of work.

Prescribing has completely changed my perception of pharmacy and it has been a tremendous privilege to hear patients' stories and to discuss matters that are so important to them. I am learning more each time I see a patient and the doctors have been extremely co-operative in providing the coaching that I require, which is making the experience very enjoyable and relaxed.

It is fair to say, however, that the effort required to gain a prescribing qualification is not inconsiderable and not least because you will have to persuade others of your suitability to be trained. It took me a year of lobbying to get accepted for training.

However, I would encourage all pharmacists to consider training as prescribers as I believe that pharmacy has now been offered an exciting opportunity that will finally take us away from our 'counter of pills image'. At the moment we have a new playing field before us but without players on the pitch we are not going to be able to play the game.

responsibility for most, if not all the dispensing process as, with larger dispensing volumes in future pharmacies, it will not be possible for the pharmacist to supervise the dispensing and offer the clinical work and advisory role.

Our present pharmacy degree will include much more clinical and prescribing content, with perhaps another degree course set up for those who wish to work in industry rather than as present this one degree attempting to cover both possibilities.

Eventually prescribing may become part of the normal degree course and all pharmacists will be able to prescribe on qualification or soon after.

WHAT YOU NEED TO KNOW ABOUT...

Selling contact lenses

Selling cosmetic contact lenses could be a good way to a quick buck, but also a meeting with the Statutory Committee. Nicola O'Connell explains why

Despite warnings from the RPSGB, NPA and General Optical Council (GOC) that pharmacists should not sell zero-powered lenses without the supervision of a registered optometrist, contact lens optician or doctor, recent articles in Optician magazine claim pharmacists are unaware of this legislation.

According to Optician, which says it randomly selected 12 chemists selling cosmetic plano (zero-powered) lenses, all 12 outlets confirmed there would be no supervision or any other special instructions given to the buyer.

In reality, says GOC, the opportunity for pharmacists to sell these cosmetic lenses is very restricted, as they may only be sold under the correct supervision and the individual supervising must be able to exercise his or her professional skill and judgment as to the suitability of the lenses for any particular customer.

These regulations were amended in 2005, following concerns about the risks to customers' ocular health, and the GOC clarified the legislation in October 2006.

The RPSGB advises pharmacists wishing to sell zero-powered contact lenses that they must do so in accordance with the relevant legal requirements contained within The Opticians Act 1989, and the subsequent rules and regulations. Failure to do so could result in action being taken for breach of the legislation. And, indeed, the GOC warns that if it is made aware of anyone selling outside the regulations, it will instruct its lawyers to investigate a possible criminal prosecution.

General Optical Council
Tel: 020 7580 3898
www.optical.org

Colette McCreedy, chief pharmacist and director of pharmacy practice at the NPA, agrees that this is a complicated issue. "Unless pharmacies can meet the strict requirements for supervision and fitting of these contact lenses, such items should not be sold from a pharmacy. The NPA advises pharmacy suppliers to contact the GOC to ensure that they comply with the criteria for supervision," she adds.

The regulations governing correcting (powered) lenses are somewhat different, as these can be sold under the less stringent requirement for 'general direction'. Effectively, this means that powered lenses can be sold when there is an optician or doctor in the management chain (their responsibilities are outlined in the guidance). Customers must produce a valid, in-date specification and this must be verified with the prescribing optician.

Given the strict legislation and risks associated with selling contact lenses outside of these regulations, why do some pharmacists choose to sell them? It is still a relatively new service in pharmacy and only a small percentage of people purchase their contact lenses in pharmacy. But it's a potentially very useful and convenient service for customers – and there is certainly room for growth.

In 2007, the size of the UK contact lens market was £186.1 million, as reported by the 15 contributing members of the Association of Contact Lens Manufacturers. The number of lens wearers has risen from 1.6 million in 1992 to 3.4 million in 2007.

Boots began selling contact lenses in mid-2006, using a process with a registered optometrist to 'generally direct' the sale.

"The response has been good, but the market seems to be very biased towards traditional contact lens sales," says David Cartwright, director of professional services at Boots Opticians Ltd.

"There are some sales of contact lenses through the internet, although this is still thought to be less than 5 per cent. Regulation has made it easier for people to purchase lenses on the internet, but it hasn't freed it up for people to buy lenses off the shelf.

"At present, contact lens sales are quite a static part of the business and not currently a hugely lucrative opportunity, but customers do like the convenience of being able to go in store and purchase lenses in their own time."

Pharmacist Mak Johal of Chapel Lane Pharmacy, Farnborough, also believes that the convenience of buying contact lenses within pharmacy is a key advantage for customers. He decided to incorporate an optician and dentist within the pharmacy, following a recent major expansion and refurbishment.

He says: "The pharmacy has almost become a one-stop shop for healthcare needs as we also offer homeopathy and reflexology. The range of services we now offer has helped to raise our profile in the local community, so much so that we are actively looking to offer more services."

Product news

Golden Eye looks sharp

Dendron has produced a counter display unit for Golden Eye products, aimed especially at independent pharmacies.

It holds the full Golden Eye range, now in redesigned packaging and including antibiotic ointment and antibiotic drops (represented by a dummy pack in the unit as they must be refrigerated).

The units also offer consumer information leaflets and can be ordered from Dendron's sales force.
Dendron Ltd
01923 205725

New Otex Express from the No.1 ear wax brand*

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- Otex brand on TV throughout 2008
- Expect high demand

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OTEX Trademark and Product Registration held by Diomed Developments Ltd., Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd., 94 Rickmansworth Road, Watford, Herts, WD18 7JJ, UK. **Indications:** Otex Express Ear Drops: An aid in the removal of hardened ear wax. **Directions:** For adults, children and the elderly: Instill up to 5 drops into the ear. Retain drops in ear for several minutes and then wipe away any surplus. Repeat once or twice daily for at least 3 to 4 days, or as required. **Contraindications:** Do not use if the eardrum is known or suspected to be damaged, in cases of dizziness, or if there is, or has been, any other ear disorder. Do not use after ill-advised attempts to dislodge wax using fingernails, cotton buds or similar implements, or within 2 to 3 days of syringing. Do not use where there is a history of ear problems, unless under close medical supervision. Do not use if sensitive to any of the ingredients. Do not use at the same time as anything else in the ear. **Precautions:** Keep away from the eyes. For external use only. Replace cap after use, and return bottle to carton. **Side-effects:** Due to the release of oxygen, patients may experience a mild, temporary effervescence in the ear. Stop usage if irritation or pain occurs. Instillation of ear drops can aggravate the painful symptoms of excessive ear wax, including some loss of hearing, dizziness and tinnitus. Very rarely, unpleasant taste has been reported. If patients encounter any of these problems, or if their symptoms persist or worsen, they should discontinue treatment and consult a doctor. **Packs:** Otex Express Ear Drops 10ml, RSP £4.95 (£4.21 exc. VAT). **Revision Date:** December 2007. *Source: IMS Dec MAT 2007.

A QUICK GUIDE TO CHILDREN'S...

Hearing problems

Nicola O'Connell presents some common causes of hearing problems in children

Detecting hearing problems in young children can be hugely challenging, yet the earlier they are recognised, the greater chance the child has to get the necessary management and avoid language, learning and communication problems.

Even when babies are screened shortly after birth (using an otoacoustic emission test) and have a normal result, hearing difficulties may arise subsequently – and they may not always be obvious.

"The first indication of a problem usually has something to do with the young child not paying attention when spoken to, and it's typically the mother or main carer who notices this," says Adrian Dighe, chairman of British Paediatricians in Audiology. "Children under the age of three often have problems with speech delay.

"Older children may not realise you are speaking to them unless they are looking directly at your lips. They may have particular difficulty making out words when there is background noise."

In most cases, pharmacists will need to refer children with hearing problems to either a paediatric community audiology service or an ENT centre (via the GP). Pharmacists can, though, help parents to diagnose more minor problems, such as excess earwax.

Says Dr Dinghe: "If the child has any dark brown fluid in their ears, then it's probably wax. If it's yellow, then it's probably pus and the child should see their GP. Pharmacists can also help to advise with upper respiratory tract infections."

Glue ear

The most common type of conductive deafness in children – when sound cannot pass efficiently through the outer and middle ear to the cochlea and auditory nerve – is caused by glue ear (otitis media). The middle ear becomes clogged with mucus that fails to clear within three months, and this affects about one in five children at any time, according to the National Deaf Children's Society (NDCS).

Numerous conditions can influence glue ear, such as colds and flu, allergies and passive smoking. According to the NDCS, children with cleft lip and plate, or with genetic conditions such as Down's Syndrome, are more likely to get glue ear as they may have smaller eustachian tubes. But it can also develop unnoticed.

The resulting hearing loss from glue ear is usually moderate, but it can affect growth of language skills. "The peak time for getting glue ear is between the ages of two and five," says Dr Dighe.

Product news

Otex on TV

Dendron is promoting Otex Ear Drops with TV activity throughout this year. According to the manufacturer, Otex has a leading 43 per cent share of the £7.5 million OTC ear wax market, which is expected to grow as a result of the ageing population.
Price: £4.65 Pack size: 8ml
Pip code: 205-2330
Dendron Ltd
01923 205725

A simple ear examination can diagnose glue ear and often a course of antibiotics is sufficient. If it fails to clear, then the fluid may be drained and grommets (tiny plastic tubes) can be inserted into the eardrum to allow air to circulate in the middle ear. Hearing aids are also sometimes used.

Sensori-neural deafness

It is not always possible to identify a cause of sensori-neural loss, which is permanent and results from problems in the inner ear or auditory nerve. It can be a result of an infection or medications taken during pregnancy (eg ototoxic drugs). When the cause is post-natal it may be due to measles, meningitis or mumps during early childhood. A head injury or loud noise exposure may also damage hearing.

This type of hearing loss is usually treated with a hearing aid or, if the loss is very profound, a cochlear implant. Says Dr Dighe: "This is usually accompanied by a rehabilitation process, whereby someone works with the child and the family to aid language development and perception of things in everyday life."

Auditory Processing Disorder

A new area of current research is auditory processing disorder (APD). Children with APD do not recognise subtle differences between sounds and words, and poor auditory processing is associated with poor verbal reasoning and reduced cochlear function.

"Listening problems are thought to underlie many learning problems in children, but at the moment we know very little about what contributes to those problems. This is why we're looking into the field and developing a battery of tests to diagnose APD in children," says Dave Moore, director of the MRC Institute of Hearing Research. According to Professor Moore, APD affects approximately 2 to 3 per cent of the population.

The institute is currently conducting a major study involving 1,600 children. Professor Moore says: "By the end of the year we should have clear recommendations on how to diagnose the condition and we'll then turn our attention to management strategies."

More information on hearing problems in children is available from the National Deaf Children's Society www.ndcs.org.uk.

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Let us know and send us your photos.
Email postscript@cmpmedica.com

Festival pharmacies

As temperatures rise and the nation celebrates the arrival of summer, pharmacists across the country have little time to relax as they prepare for the festival season.

Jim Hutchins and Tony Guest, along with a team of volunteers, are busy preparing to provide the pharmacy services at Glastonbury next month. They are finalising their contract, compiling SOPs and carrying out risk assessments. This year their theme will be RocknRollPharmacy, and Mr Hutchins said they would be selling some new products.

Meanwhile James Powell, owner of Medicine Man Pharmacy, has already provided services at Badminton Horse Trials and Radio 1's Big Weekend, and says he is looking forward to the rest of his busy season. He said with the hot weather, sun protection had been vital at the Radio 1 event: "On the public education side we are finally winning the battle with sun sense... people are looking after themselves at festivals."

Web comment of the week

Surgeries will close under white paper reforms, say dispensing doctors

Posted by Mark Stone on 12/05/2008 10:17

> **Dispensing doctors** should have another **more 'stable and guaranteed'** route of additional **funding** made **available** for **branch surgeries. They should not** have to get this **via dispensing**

Have your say on C+D's website
register for free at www.chemistanddruggist.co.uk

C+D NEWS FROM 25 years ago

[illegible] a bomb scare at Buckingham Palace [illegible] call made as a dare on Easter [illegible]

The [illegible] drinking heavily at a private party [illegible] played numerous games" and was [illegible] suspended [illegible] were mobilised [illegible] the Palace grounds [illegible] of the [illegible]

[illegible] C+D's [illegible] pharmacist's [illegible] was done [illegible]

Moving on

Jonathan Skeeles was awarded a Bristol Blue pestle and mortar to mark his retirement as chairman of Avon LPC. Mr Skeeles had been a committee member since 1984, and chaired on two occasions. Here he receives his award from Stuart Moul, secretary of the LPC.

Co-operative beauty queen

A Glasgow pharmacy dispenser has set her sights on the Miss Scotland crown after being named among the final 16 contestants of this year's competition.

Stacey Sharp, who works at The Co-operative Pharmacy in Baillieston Road, Garrowhill, faces public voting by readers of The Sun newspaper in Scotland before finding out whether she'll be among the 10 finalists to appear in the city's Princes Square next Sunday, May 25.

If she wins, Stacey will pocket a £10,000 prize as well as represent her country at the 2008 Miss World competition, being held in Ukraine in October. She was encouraged to enter by her brother-in-law and said she was "amazed to have got this far".

Stacey added: "People have been coming into the pharmacy and wishing me well."

Pharmacy vs footie

The Royal Pharmaceutical Society is taking on the big boys as it has scheduled its annual general meeting to clash with what promises to be one of the biggest football games of the year. On May 21, as Manchester United and Chelsea gear up for the UEFA Champions' League Final in Moscow, AGM attendees in Lambeth will be taking part in a discussion forum on the Council's response to the Clarke Inquiry and enjoying tea and sandwiches.

An unfortunate coincidence, but even if Lambeth could organise a large plasma screen and a regular supply of beer, could it leave fans with a tricky choice? Rooney and Drogba vs Patel and Holmes? Sandwiches with Council, or a pub dinner with the masses?

Let us know at **postscript@cmpmedica.com**

Read Dee Spencer and other C+D blogs online at: **chemistanddruggist.co.uk/deespencer**

C+D Update 2008

Thinking about your CPD?

With mandatory continuing professional development for practising pharmacists coming closer, it is time to start thinking about the continuing education you want to undertake in 2008.

Pharmacy Update is back in 2008 with new sections such as 'MUR Tips' and 30 plus modules covering key areas of practice.

What if I miss a module or question paper?

Go to the new C+D website at www.chemistanddruggist.co.uk/update to download any modules or question papers you have missed during the year.

Why should I sign up?

- You'll be able to access over 30 accredited modules, which can be included in your RPSGB 'Plan & Record' CPD portfolio for 2008.
- The course provides you with straightforward self-test questions and evidence of completion for your CPD portfolio.
- Northern Ireland pharmacists who enrol for Pharmacy Update in 2008 will have their registration fee paid by NICPPET.

Enrol a colleague and save £10

You can save £10 on the £32.50 registration fee simply by encouraging a colleague who did not register for Update in 2007 to register for Update in 2008.

For every colleague that is enrolled, Update sponsor Genus Pharmaceuticals will donate £10 to charity TB Alert (www.tbalert.org).

- Visit www.chemistanddruggist.co.uk/update to download a Colleague registration form.

Sounds great! What do I need to do?

- Register by post by sending the completed form to: Pharmacy Projects, Riverbank House, Angel Lane, Tonbridge, Kent, TN9 1SE.
- Phone Pauline Sanderson on 01732 377269 for credit or debit card payments only.

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❑ I enclose a cheque payable to CMP Information for £32.50

❑ Please charge £32.50 to my credit/debit card

❑ I am enrolling a colleague (form enclosed). I enclose a cheque for £22.50/charge my credit/debit card £22.50

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